## S

|   |   |                                  | _   |   |                          |   | _ |
|---|---|----------------------------------|---|---|--------------------------|---|---|
| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS |   |                                  |   | Use separate schedule(s) for each category of the Detailed Summary Page |                          | FOR LINE NUMBER: PAGE 85 OF 95 (check only one)    X   17   | _ |
|   |   |                                  |   |   |                          | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | _ |
| $\rangle$                                     | NAME OF COMMIT<br>Friends of To   |                                  | C.  |   |                          |   |   |
| ۱.  | Full Name (Last, First, Middle Initial) Old National Bank                           |                                  |   |   |                          | Date of Disbursement  |   |
|   | Mailing Address 2801 E Buick Cadillac Boulevard                                     |                                  |   |   |                          | 02 27 2015  |   |
|   | City State Zip Code Bloomington IN 47401-5441                                       |                                  |   |   |                          | Amount of Each Disbursement this Period   | _ |
|   | Purpose of Disbursement<br>Bank Fee   |                                  |   |   | 001                      | 70 Transaction ID : B-E-20263   |   |
|   | Candidate Name  |                                  |   |   | Category/<br>Type        |   |   |
|   | Office Sought:  | House Senate President           | Disbursement For: Primary Other (s            | General   |                          |   |   |
| _   |   | District:                        |   |   |                          |   | - |
| 3.  | Full Name (Last, First, Middle Initial)  FedEx Kinkos  Mailing Address PO Box 94515 |                                  |   |   |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |   |
|   | City State Zip Code   |                                  |   |   |                          |   | _ |
|   | Palatine  |                                  | IL  | 60094-4515  |                          | Amount of Each Disbursement this Period   |   |
|   | Purpose of Disbursement   |                                  |   |   |                          | 43.73   |   |
|   | Délivery  Candidate Name  |                                  |   |   | 001<br>Category/<br>Type | Transaction ID : B-E-20269  |   |
|   | Office Sought:  | House Senate President District: | Disbursement For:    X   Primary     Other (s | General   | 3112                     |   |   |
| _   | Full Name (Last, First, Middle Initial)  Southwest Airlines                         |                                  |   |   |                          | Date of Disbursement  | - |
| <i>,</i> .                                    | Mailing Address 2702 Love Field Drive   |                                  |   |   |                          | 03 / D D / Y Y Y Y Y O D D / D D D D D D D D D D D D D D D D                                      |   |
|   | City         State         Zip Code           Dallas         TX         75235-1908  |                                  |   |   |                          | Amount of Each Disbursement this Period   | _ |
|   | Purpose of Disbursement   |                                  |   |   | 001                      | 166.2<br>Transaction ID : B-E-20268   |   |
|   | Candidate Name  |                                  |   |   | Category/<br>Type        |   |   |
|   | Office Sought:  State:  | House Senate President District: | Disbursement For:  Primary Other (s)          | General   |                          |   |   |
|   | Ciale. L  | Jourot.                          |   |   |                          |   | - |
|   |   |                                  |   |   |                          | 270.03  |   |

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....